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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818.))		Docket Number (Optional) P0777.70007US00		
Application Number	10/574,517-Conf. #6948	Filed April 3, 2006		
For INHALATION THERAPY DEVICE COMPRISING A VALVE				
Art Unit	N/A	Examiner Not Yet Assigned		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		Fee \$120 \$450 \$1020 \$1590 \$2160	Small Entity Fee \$60 \$225 \$510 \$795 \$1080	\$ _____ \$ 450.00 \$ _____ \$ _____ \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23/2825</u> I have enclosed a duplicate copy of this sheet.				
06/22/2007	MKAYPAGH 00000123 10574517			
03 FC:1252	I am the <input type="checkbox"/> <u>450.00 OP</u> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>29,409</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
<u>William R. McClellan</u> Signature		<u>June 18, 2007</u> Date		
<u>William R. McClellan</u> Typed or printed name		<u>(617) 646-8000</u> Telephone Number		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/> Total of <u>1</u> forms are submitted.				

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Dated: June 18, 2007 Signature: <u>Paula K. Fairweather</u> (Paula K. Fairweather)	
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